

REQUEST FOR RESTITUTION

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Defendant State of Minnesota v. File #: \_\_\_\_\_

The above-named is a victim of the crime of offense, committed by the Defendant on or about \_\_\_\_\_. As the victim of said crime, I have incurred the following expenses and /or losses:

Please itemize below the expenses and/or losses that you incurred (please attach receipts, estimates, and/or additional pages):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\$\_\_\_\_\_ Counseling expenses to date. ☐ Check here to request further related counseling expenses.

**I AM REQUESTING RESTITUTION: \_\_\_\_YES \_\_\_\_NO**

**IF YES, TOTAL AMOUNT REQUESTED (for losses not covered by insurance): \$\_\_\_\_\_.**

**IF REIMBURSED BY YOUR INSURANCE COMPANY, PLEASE COMPLETE THE FOLLOWING:**

Restitution of \$\_\_\_\_\_ should be paid to the following insurance company which has reimbursed me for expenses and/or losses incurred as a result of the above offense:

Name of company \_\_\_\_\_

Address \_\_\_\_\_

Agent's name \_\_\_\_\_

Policy number \_\_\_\_\_

Signed: \_\_\_\_\_  
CLAIMANT

Date: \_\_\_\_\_